

Household Services Checklist

For the before-injury household services, circle yes or no and enter an estimate of the hours per week spent on each activity.

For the after-injury household services, enter the percentage of household services ABLE to perform after the injury.

Household Production	Before the injury		After the injury	
Inside Housework (Interior cleaning, laundry, sewing, storing items, carrying in groceries, etc.)	Yes	No	___ h/w	___%
Food Cooking & Cleanup (Food and drink preparation, food presentation, kitchen and food clean-up, etc.)	Yes	No	___ h/w	___%
Pets, Home & Vehicles (Interior arrangement, decoration, and maintenance, building and repairing furniture, exterior cleaning and repair, lawn, garden, ponds, pools, pet care, vehicle repair, etc.)	Yes	No	___ h/w	___%
Household Management (Financial management, household and personal organization and planning, home security, etc.)	Yes	No	___ h/w	___%
Shopping (Grocery shopping, purchasing gas, food, and other items, comparison shopping, etc.)	Yes	No	___ h/w	___%
Obtaining Services (Using pet services, professional/personal services, interior cleaning services, clothing repair and cleaning services, home maintenance services, etc.)	Yes	No	___ h/w	___%
Travel for Household Activity (Travel related to household production)	Yes	No	___ h/w	___%

Caring and Helping	Before the injury		After the injury	
Household Children (Physical care, reading, playing, arts and crafts, sports, homework, meetings, providing medical care, etc.)	Yes	No	___ h/w	___%
Household Adults (Physical care, looking after, providing medical care, etc.)	Yes	No	___ h/w	___%

Non-Household Members (Physical care, reading, sports, homework, providing medical care, housework, house & lawn maintenance, vehicle & appliance maintenance, household management, etc.)	Yes	No	____ h/w	____%
Travel for Household Members (Travel related to caring for and helping household members)	Yes	No	____ h/w	____%
Travel for Non-Household Members (Travel related to caring for and helping non-household members)	Yes	No	____ h/w	____%

Is there an anticipated date in which the Subject will be able to perform 100% of their household services?	Month	Day	Year	Never	Unknown
--	-------	-----	------	-------	---------

Is there any other information regarding the Household Services which would be important for our analysis?